CHAPARRAL
MEDICAL GROUP

HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record:

1. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
2. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record:

1. You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
2. We may say 'no' to your request, but we'll tell you why in writing within 60 days.

Request confidential communications:

1. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
2. We will say 'yes' to all reasonable requests.

Ask us to limit what we use or share:

1. You can ask us not to use or share certain health information for treatment, payment, or our operations.
2. We are not required to agree to your request, and we may say 'no' if it would affect your care.
3. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
4. We will say 'yes' unless a law requires us to share that information.

Get a list of those with whom we've shared information:

1. You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
2. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice:

1. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you:

1. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
2. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated:

1. You can complain if you feel we have violated your rights by contacting us using the information on the back page.
2. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
3. We will not retaliate against you for filing a complaint.

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YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

1. Contact you via your preferred method. Understand that certain communication methods, like email, can involve security risks (for example, interception or unauthorized access
2. Share information with your family, close friends, or others involved in your care
3. Share information in a disaster relief situation
4. Include your information in a directory
   If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

1. Marketing purposes
2. Sale of your information
3. Most sharing of psychotherapy notes

In the case of fundraising:

1. We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use your information?

We typically use or share your health information in the following ways:

1. Treat you: We can use your health information and share it with other professionals who are treating you.
   Example: A doctor treating you for an injury asks another doctor about your overall health condition.

2. Run our organization: We can use and share your health information to run our practice, improve your care, and contact you when necessary.
   Example: We use health information about you to manage your treatment and services.
3. Bill for your services: We can use and share your health information to bill and get payment from health plans or other entities.
   Example: We give information about you to your health insurance plan so it will pay for your services.

OTHER USES

How else can we share your information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues:

1. We can share health information about you for certain situations such as:
   - Preventing disease
   - Helping with product recalls
   - Reporting adverse reactions to medications
   - Reporting suspected abuse, neglect, or domestic violence
   - Preventing or reducing a serious threat to anyone's health or safety

Do research:

1. We can use or share your health information for research.

Comply with the law:

1. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests:

1. We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director:

1. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests:

1. We can use or share health information about you:
    - For workers' compensation claims
    - For law enforcement purposes or with a law enforcement official
    - With health oversight agencies for activities authorized by law
    - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions:

1. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

De-identified PHI:

1. We may deidentify your PHI. This means we remove any information that can be used to identify you. De-identified data is not subject to this Notice.

Substance Use Disorder Records:

1. Substance use disorder (SUD) records may be used and disclosed for treatment, payment, and health care operations as permitted by law. They may not be used or disclosed for civil, criminal, administrative, or legislative proceedings against you, nor for law enforcement purposes, without your specific authorization or as otherwise expressly permitted by law.

Artificial Intelligence (AI) tools:

1. We may use your personal information for artificial intelligence and machine learning purposes in the support of patient treatment and our health care operations.

Sale of the Medical Practice:

1. In the event this medical practice is sold or merged with another organization, your health information (your record) will be transferred to the new owner. You will maintain the right to request copies of your record or request copies of your record to be sent to another doctor or medical group.

Health Information Exchanges:

1. We may participate in state or private health information exchanges designed to improve the quality of healthcare by helping the secure exchange of electronic health information between and among several healthcare providers or other healthcare entities. These exchanges contribute to improved and better-coordinated healthcare outcomes for our patients, including in emergent care situations. This means we may share information we obtain or create about you with other healthcare providers or entities (such as hospitals, doctors' offices, pharmacies, or insurance companies) or we may receive information they create or obtain about you (such as medication history, medical history, or insurance information).

   If you would like more information on any state or private health information exchange in which we may participate, or would like information on how to opt out of these exchanges, please email compliance@akidolabs.com

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of This Notice: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

This Notice of Privacy Practices applies to Chaparral Medical Group, all locations and offices, as well as Business Associates Chaparral Medical Group has contracted with to provide administrative or operational services.

This notice applies to all protected health information, including but not limited to information obtained via our speech to text transcription process and location tracking services.

Privacy Officer: Candace Bonnis, CHC, CHPC
Phone: (213) 348-6051
Email: compliance@akidolabs.com

This Notice is Effective February 1, 2026